

**STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY**

**REQUEST FOR PROPOSAL (RFP)
FOR
DATA ANALYTIC SERVICES FOR COST GROWTH BENCHMARK AND PRIMARY CARE TARGET
INITIATIVE AND OHS ANALYTIC NEEDS**

SECOND Addendum

RELEASE DATE – June 25, 2021

The Office of Health Strategy's official responses to questions submitted as of 5:00 PM, June 21, 2021

I. Users/Analysts

1. **Question:** How many internal analytics users will be using the system as viewers?

Answer: Six to eight.

2. **Question:** From Page 11, 3.1 Advanced Analytics with Visualization "Provide knowledge transfer to OHS analysts for continued data analytics support for the Initiative" How many OHS analysts will need to be provided knowledge transfer for continued data analytics support? And, in general, which software tools are they trained in and comfortable using?

Answer: Two to three. SQL, Python, Tableau.

3. **Question:** Can the respondent assume that OHS staff currently works within Azure cloud-based solution, or will this be a new application for the staff?

Answer: This would be a new application for staff.

4. **Question:** After commencement of training of OHS personnel, will the vendor be expected to provide ongoing production support?

Answer: The vendor will be expected to provide support during the 5 year contract.

II. Data Analytics/Reporting

1. **Question:** Where is the historical data (2012-2020) currently stored? And in what format (SQL, CSV, Other)?

Answer: Historical data is in AWS and will be made available but could be also in SQL Server.

2. **Question:** Are there existing web pages that will be used for showcasing the public-facing reports? Or will a new public-facing website be developed for this solution?

Answer: Yes, and OHS will link or do the integration.

3. **Question:** Does the solution require migrating historical data (2012-2020) into the Azure environment?

Answer: Yes

4. **Question:** For the additional mentioned data sources (hospital inpatient and outpatient surgery and financial data and other publicly available healthcare and/or demographic data such as from US Census, Centers for Medicare and Medicaid Services Chronic Conditions Data Warehouse, National Committee for Quality Assurance, US Health and Human Services measurement metrics and data), does OHS have current license or access to that data, or host it in a way that would be accessible to an Azure cloud solution?

Answer: OHS owns the hospital inpatient, outpatient, and financial data and houses them as SQL databases. Apart from data available on the US. Census Bureau and CT Department of Public Health websites, OHS does not have a current license, access to or host in a way that will be accessible to an Azure cloud solution. Proposals and feasibility are part of this request.

5. **Question:** Is there a requirement to integrate with an existing Security Operations Center (SOC) and Security Information and Event Management (SIEM) system? Or is the requirement that the vendor will provide those services as part of the RFP?

Answer: No, the State will provide that.

6. **Question:** Are there currently any dashboards/reports that would need to be maintained or recreated, and if so, what frequency is the data required to be updated/refreshed?

Answer: There are some current dashboards/reports to be maintained or recreated. There might be occasional data refresh.

7. **Question:** Are there preferred BI tools for generating report and build dashboard? (e.g PowerBI, Tableau ...)?

Answer: Tableau is an acceptable option as OHS has the desktop licenses already.

8. **Question:** Is there a known list of standard reports do we have to build?

Answer: The list of standard reports are specified in the Scope of Work.

9. **Question:** Does this infer the use of AI components for this requirement?

Answer: There is no inference; solution proposals are up to the bidder.

10. **Question:** Could you provide more detail on Statistical Modeling? Is it related to AI component? If yes, will we have to build an environment so that we can build/run AI models on it?"

Answer: There is no AI component. The solution to build/run AI models are up to bidder.

11. **Question** What are current tool sets, tech stack for analytic framework & visualization for "CURRENT WORK"?

Answer: Tableau, SQL, Python

12. **Question:** Are there any data tools / framework that run on-premise?

Answer: Tableau

13. Question: Are there any data warehouse, data pipelines available so our data analyst can use them to analyze the data or we should build from scratch?

Answer: Data is stored in AWS and, if necessary, also SQL Server.

14. Question: What is the data growth rate?

Answer: An average of 10% per year.

15. Question: As mentioned in the RFP, the ""OHS' current data analytics vendor has completed and presented the results of the initial analyses listed in the analytic framework"". Could you please share more about the scope/output of the initial analyses?

Answer: The scope of the initial analyses is described in pages 10-11 of the RFP document.

16. Question: Could we reuse/maintain the code/framework of ""initial analyses""? If yes, could you please share with us the technology stack which is being used?"

Answer: The code/framework used for the initial analyses was SAS based. OHS is looking for a solution that enables automation.

17. Question: Regarding to "initial analyses", what level does the Analyses framework cover?

Answer: The "initial analyses" were at the state, market, payer, and service category level.

18. Question: As mentioned, databases listed: "OHS All-Payer Claims Database (APCD), Hospital Discharge Database, Outpatient Surgical Center Database, Hospital Reporting System", Are they hosted on premise or on cloud? And which database solution is being used?

Answer: The OHS APCD is hosted in AWS and the remaining are hosted on virtual servers with the State's system. Data are analyzed with SPSS, Tableau, Excel, and SQL.

19. Question: As mentioned, the Analytic Framework covered the data analyst in APCD, is there other data mentioned, are there other data sources to consider?

Answer: The additional data sources are on described on pages 11-12 of the RFP document.

20. Question: RFP Section 3.1 (“ADVANCED ANALYTICS WITH VISUALIZATIONS”), Page, 11: Besides the request to take in hospital financial data, does OHS have any additional information on the sources and types of non-claims financial data the vendor will need to take in and analyze?

Answer: Hospital financial data is the only source of financial data at this point.

21. Question: RFP Section 2.2, D (“QUALITY BENCHMARKS”), Page 9: Does the state have any additional information or a link to the types of measures and quantity of measures you are considering for the OHS Quality Benchmarks? Can you clarify if the State intends to have quality measures created from APCD claims data or if instead you will acquire quality measures (e.g., HEDIS) from the Health Plans?

Answer: The list of quality benchmarks and likely data sources are available at <https://portal.ct.gov/OHS/Pages/Quality-Council/Core-Measure-Set>

22. Question: RFP Section 1 (“Executive Summary”), Page 5: As relating to “OHS All-Payer Claims Database (APCD), Hospital Discharge Database, Outpatient Surgical Center Database, Hospital Reporting System, and other publicly available data sets” - can the state provide any additional detail on data sources you know will be used for “other publicly available data sets?”

Answer: Examples of sources of publicly available healthcare and/or demographic data are listed on page 12 section 3.2 of RFP document.

23. Question : RFP Section A (“Statement of Objectives”), Page 1: Is it assumed that the Data Analytics vendor will not create the CT Healthcare Affordability Index (CHAI), but instead is only involved in “statistical modelling of healthcare initiatives from the CHAI? What role, if any, does the Data Analytics vendor play in creating the CHAI index and data?

Answer: The index is already created, but the vendor may be involved in statistical modeling.

24. Question: RFP Section A (“Statement of Objectives”), Page, 1: From the CHAI index links, the 130 page 2019 self-sufficiency reporting includes information that is not found in claims data. Are there specific areas in that report that the proposed vendor will be required to acquire or generate data to populate? (https://portal.ct.gov/-/media/OHS/CT-Healthcare-Affordability-Index/Self-Sufficiency-Standard/CT2019_SSS_Web_20191014.pdf)

Answer: All reports will be created using data OHS has already collected.

25. Question: RFP Section 3 (“Required Service Components and Scope of Work”), Page, 10: From the RFP Section 3 “Required Service Components and Scope of Work”, the “Analytics Framework” indicates a series of “Domains”, “Initial Work, 2020” and “Extensions”. The initial work appears to be Commercial, Medical Claims, and the Extensions add Medicare, Medicaid, Pharmacy, and Dental. Does OHS require the vendor to replicate the methods used by the current vendor? To what degree, if any, can the Data Analytics vendor vary from the methods used by the current vendor?

Answer: OHS will not require the vendor to replicate the methods used by the current vendor.

26. Question: Is there an enterprise-wide Master Patient Index with which the APCD, hospital patient, and financial data, and other data must correlate?

Answer: There is no enterprise-wide Master Patient Index but there is a data dictionary compendium.

27. Question: Has the State received ResDAC approval to use CMS data?

Answer: Yes.

28. Question: What is the approved risk scoring methodology for SDoH? Should the vendor propose and get approval for use of a publicly available risk score to perform the value-based modeling required?

Answer: The vendor may propose and may receive approval to use a publicly available and nationally recognized and/or acceptable risk score to perform any required value-based modeling.

29. Question: Please provide a definition for "low-value services" and "market concentration" in the Analytics Framework table on page 11 of the RFP.

Answer: A "low value service" is one defined as medically unnecessary, providing no health benefits or may be harmful to the patient, and may lead to further unnecessary testing or treatment. "Market concentration" is when a small number of providers, e.g., hospitals or hospital systems, account for a relatively large share of patients in a town, area or region. In both cases, there are nationally recognized/accepted measurement tools.

30. Question: Which data source contains the SDoH data and what format will it come in?

Answer: Combination of data existing in the APCD, Discharge and Outpatient Data, publicly available data from CMS and/or Census Bureau or any other sources.

31. Question: Will the state consider a vendor-owned SaaS solution?

Answer: No, OHS will own the solution.

32. Question: Can OHS give further explanation and/or examples of the type of "direct code" that bidder will need to provide?

Answer: OHS will retain all source code used for analytics and data use.

33. Question: Should the vendor include Quality Assurance (QA) testing as in-scope services or will OHS be executing QA testing on deliverables?

Answer: OHS and the vendor will share QA responsibilities.

34. Question: RFP Section 3.2 ("Option with Business Solution - Level of Analysis"), Page, 13: In 3.2 under the Levels of Analysis table on last row, "Provider Entity," the RFP states "Practice/practice site, facility, clinician and facility specialty type, site of service". Also in the Analytic Framework the RFP mentions "provider groups".

Will CT APCD or OHS be providing rosters or reference data files that can used to link specific professionals to their practice or practice site or provider groups? Does OHS

require the vendor to perform provider attribution, for example, determining a members primary care physician and practice from the claims data?

Answer: The CT APCD contains reference data files, and OHS will provide the methodology for primary provider attribution as well.

III. Cloud Based Solution

1. **Question:** Is there existing infrastructure to leverage or begin with to just focus on Development?

Answer: Yes, the state has an Azure environment but OHS' primary focus is on development.

2. **Question:** In reference to the 3.2 Business Solution Option, could you clarify if OHS wants Azure hosted in your environment or within the bidding vendor's environment?

Answer: OHS will utilize the state Azure environment.

3. **Question:** Is any of this data already present in an Azure or other cloud-based solution? Or does it require migration to the new Azure solution?

Answer: Yes, it will require migration to the new Azure solution.

4. **Question:** From Page 5/ Executive Summary "OHS also requires the contractor experienced in cloud-based architecture to provide an option to develop a Azure cloud-based analytic solution using OHS data, however the advanced health data analytic reporting is the primary deliverable."

Is the expectation that the solution is hosted within a new or existing OHS Azure tenant? Or are Azure resources to be hosted in Respondent's Azure tenant?

Answer: The solution should be hosted in the state of Connecticut Azure tenant environment.

5. **Question:** Have you built a data warehouse for advanced data analytic? if not, is this step in our scope?

Answer: No, the respondent will have to build a data warehouse for advanced data analytics.

6. **Question:** Please provide an estimate of the size of total data to be hosted?

Answer: 1 TB at a minimum.

7. **Question:** From Page 13, 3.2 Option with Business Solution "Develop sufficient analytic tools and provide technical training to enable OHS analysts to independently monitor healthcare cost and performance trends across plans, payers, and populations, and to support OHS operations"

Regarding the Option with Business Solution, how many OHS analysts will need to be provided knowledge transfer to independently monitor healthcare cost and performance trends? And, in general, do they have skills and experience in using Azure cloud-based analytics tools?

Answer: Two to three OHS analysts for the technical part of updating the information in the tool and six to eight OHS analysts to view and run analyses will need to be provided knowledge transfer to independently monitor healthcare cost and performance trends. The staff will be new to using Azure cloud-based solutions.

8. **Question:** Do you want to process data as batch processing or stream processing?

Answer: Batch processing.

9. **Question:** What kind of data formats do you want to process? structured data, semi-structured data or un-structured data?

Answer: Structured data.

10. **Question:** When moving data into the cloud what data should be considered for encryption? (i.e. other than PII, HIPPA, etc.)

Answer: All data should be encrypted at rest and in transit.

11. **Question:** Regarding merging the data into a single unified data architecture, do you have a tech stack defined as a structure to follow or it will be up to vendor's decision?

Answer: OHS expects a tech stack defined as a structure with possible adjustments or changes as necessary.

VI. Procurement Process/Bid Submission

1. **Question:** Page 23, VI. Show Us Your Solution. "The agency will either invite selected applicants to meet in Hartford, CT, or to have a virtual demonstration, to demonstrate a prototype that will help to visualize the proposed solution."

When will demos of proposed solutions be scheduled?

Answer: The deadline for submissions is July 12, and OHS anticipates having demos in mid-July through the beginning of August.

2. **Question:** Are you planning a call with vendors to provide the background and other details?

Answer: Currently, OHS is not planning a call with vendors due to the tight timeframe.

3. **Question:** Taking into consideration the extended proposal due date, does OHS anticipate a different contract start date and key outputs and timeline?

Answer: No, at this time OHS does not anticipate an extended proposal due date or a change to key outputs and timelines.

4. **Question:** Would it be possible to increase the page limits for the project narrative and the qualifications and project management sections?

Answer: Yes, you can use up to 5 pages for the project narrative and up to 5 pages for the qualifications and project management sections.

5. **Question:** Would it be possible to exclude the space allocated to the workplan from the page limit for the qualifications and project management section?

Answer: No, OHS is allowing 5 pages for the qualifications and project management sections. The resumes do not count towards the page count.

6. **Question:** Is it possible to include examples of work product? Can those pages be excluded from the page limit?

Answer: Yes, you can provide 3 pages of examples of work product outside of the page limit.

7. **Question:** Will OHS consider making an award to more than one vendor? For example, if OHS likes the overall proposal by one vendor, but likes the unique analytics provided by another, would OHS consider making awards to both?

Answer: Currently, OHS is considering an award to a single vendor. This does not preclude a vendor from subcontracting some activities.

8. **Question:** Does OHS have specific analytics that it wants, such as HEDIS, CAHPS, Press Ganey, etc.?

Answer: Details of the analytics requirements are included in the RFP. Quality benchmarks as determined by OHS' Quality Council can be found here:
<https://portal.ct.gov/OHS/Pages/Quality-Council/Meeting-Agendas/June-17-2021>

9. **Question:** Page 22, Section 5.2 > V. Qualifications and Project Management. "(2 pages, single spaced, Resumes do not count towards the page limit)"

Does the 2-page limit apply to all sections, except resumes, combined (1. Qualifications and Experience, 2. References, 3. Organizational and Project Structure, 4. Project Management, and 6. Project Plan and Timeline = 2 pages total)? Or, does the 2-page limit apply to each subsection (1. Qualifications and Experience, 2. References, 3. Organizational and Project Structure, 4. Project Management, and 6. Project Plan and Timeline = 2 pages each, or 10 pages total)?

If the former, can the page limit please be extended? The questions themselves take up more than one page in 12-point font, and we do not believe we can provide adequate answers to all of the questions with 1-2 sentences for each response.

Answer: The page limit has been extended to 5 pages combined and not to each subsection.

10. Question Attachment B Procurement and Contractual Agreements Signatory Acceptance. "These terms and conditions, as well as others so labeled elsewhere in this document are mandatory for the resultant contract."

Can respondents request redlines or exceptions to RFP terms and conditions, or would requests for exceptions to terms disqualify the respondent.

Answer: Respondents must accept all mandatory terms and conditions outlined in the RFP. If the respondent does not accept these terms, the respondent will not have met minimum qualifications for the solicitation.

11. Question: Attachment C > Budget Narrative. "Salaries and Wages and B. Fringe Benefits"

We are unable to submit the requested salary and wage and fringe benefit information in a public bid process due to confidentiality agreements with the employees we are putting forth to work on the project. We can include the cost to OHS of each role in the proposed project team. Will this be sufficient for parts A and B of the Budget Narrative, or does inability to submit this information disqualify the respondent?

Answer: A list of the staff hourly rate and estimate of materials is sufficient.

12. Question: Is this RFP follow on work from an initial project/engagement?

Answer: This data analyses are to continue and expand the data analyses from a prior contractor. The option for business solution is not follow up work.

13. Question: Can you provide some background as to the consultants referenced and their role in this work?

Answer: The consultants are Bailit Health and they have sub-contracted with an analytical firm.

14. Question: Given the nature of this work, would a firm be considered at a disadvantage if not locally headquartered in CT?

Answer: No, a firm does not have to be located in Connecticut.

15. Question: 4.4 “Termination of Award” Assuming satisfactory performance, what is the review timeline and/or notification period if for any reason (other than lack of satisfactory work) the award can be terminated?

Answer: The resulting contract may be terminated by OHS upon the provision of sixty days prior written notice delivered by certified mail.

16. Question: Section 5.2 VI “Show us your solution”. Is it presumed that qualified candidates will be required to demonstrate a prototype/model of the solution within the two week time frame of submission deadline June 28, and anticipated notice of aware July 14, 2021? The date is not spelled out on page 5 of the timeline.

Answer: The deadline for submissions is July 12, and OHS anticipates having demos in mid-July through the beginning of August.

17. Question: Is it a fixed price model or time material project?

Answer: This is a time and material project.

18. Question: What are the expectations / content to be show on the demo?

Answer: The priority is the analytic component showing trend data as described on page 10-11, 15- 16. Accessing the data in an Azure cloud-based solution would be secondary.

19. Question: If there is any additional information you can share around budget or what type of contract, that would be helpful in putting together a competitive proposal.

Answer: OHS is not disclosing the budget per the State’s procurement standards. The contract is hourly, based on time, expenses, and materials.

20. Question: May the font size for table, header/footer, and RFP reference text be smaller than 12 points; for example, 10 points?

Answer: The font size for table, header/footer, and RFP reference text can be 10 points.

21. Question: There is no Attachment D in the RFP document. Will the attachment be forthcoming or should vendors refer only to Attachment C for guidance?

Answer: There is no Attachment D – that was an error. Please refer to Attachment C for guidance.

22. Question: Is the Project Plan and Timeline included in the 2-page limit for the "Qualifications and Project Management" section or may it be submitted as an Appendix.

Answer: The page count has been increased to 5 pages.

23. Question: Has funding already been allocated for this project?

Answer: Funding is available for this project.

24. Question: Is there an identified target budget?

Answer: OHS are not disclosing a target budget per the State's procurement standards.

25. Question: Can the deliverables documentation produced by the current data analytic vendor during the initial analysis phase be provided to bidders?

Answer: There is an example of work in the RFP on pages 11, 15, and 16.

26. Question: Typically, government agencies require fixed price deliverables-based contracts, but the "Cost Proposal" section VII asks for fully burdened hourly rates. Does this imply an hourly Time & Expenses engagement?

Answer: Yes, this is a time and expenses contract.

27. Question: Are there any data security policies or information technology security policies to which the bidder's solution must adhere? If so, can you please provide reference to those policies?

Answer: The respondent must adhere to HIPAA guidelines.